MEDICAL CARE RECOVERY ACT AT THE MTF

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Improvements at NNMC

- Use TPOCS for MCRA billing
- Use ADS for Coding of claims
- No longer need records for PT and OT
- Use CHCS for demographics and appointment schedules

Utilize TPOCS

- Create new “site” within TPOCS
  - In table maintenance:
    - Go to sites option and set up codes as you wish for TPL, MCRA, etc
    - Set up clinics similar to TPC but use new site codes
  - Under tools, in reporting codes maintenance, there are color codes that make viewing screens easier
  - When running reports use new site information

Utilizing TPOCS cont.

- Set up claims offices as insurance companies
- Input patient information, ICD, CPT and E&M codes same as for TPC billing

CHCS and ADS

- Use CHCS for:
  - Demographic information
  - Appointment schedule
  - Double check for TPC
  - Codes for inpatient care
- Use ADS for:
  - Coding
  - Documentation of PT , OT and social work visits
    - Recreate bubble sheets

Pros and Cons

- Pros:
  - Allows for easy tracking of claims
  - Aging
  - Follow up activity
  - UB 92 is industry recognized form which facilitates faster turnaround of smaller claims.
  - Easily ascertain if patient also has TPC claims

Pros and Cons cont.

- Cons:
  - ADS is slow
  - Each claim is created separately
  - Must coordinate with TPC personnel when patient also has health insurance
  - Still need to send medical record

The Process at NNMC

- Discover potential MCRA claim through:
  - Review of ETRs
  - Patient contacts us
  - Lawyer contacts us
  - Military claims office contacts us

Gathering Information

- Questionnaires
  - Mail to patient as needed with return, postage paid envelope
  - Clinic may provide
  - Patient may come to office to fill out
  - Military legal office may have on file already

Medical Records

- Get the relevant records from:
  - The patient
  - MTF records area
  - Patient's attorney
- Recreate ADS "Bubble sheet" for PT, OT and social work visits

Billing

- Create bill in TPOCS
  - Use outpatient and SDS codes from ADS
  - Use inpatient codes from CHCS
  - Legal office is used as insurance company
  - Indicate in comments area in TPOCS:
    - Initial
    - Interim
    - Final

Tracking

- Use TPOCS reports to:
  - Check workload and output
  - Track and age claims as accounts receivable
  - Follow up with “billed” legal office for disposition of claim and status of payment

Closing of Claims

- To close claims:
  - Post “payments”
  - Write off balance of claims that are compromised or not related to incident
  - Use reports to retire files

Unusual Situations

- Patient has other health insurance
  - DoD inst. 6010.15-M *REQUIRES* simultaneous billing for all MCRA claims when patient has private health insurance except for workers comp.
  - Inform legal office of health insurance claims
  - May require refund of duplicate payments

Foreign Military

- Nato and Reciprocal agreement countries
  - handled the same as U.S. Military
- Non-Nato
  - Billed through Collection Agent
  - Patients are full pay and will seek own reimbursement

Interagency Billing

- Interagency charges are paid in “advance”
- For Coast Guard:
  - Current MOU indicates that Navy MTFs submit claims to NLSO
  - MTFs are sometimes paid twice

Interagency Billing cont.

- USPHS and NOAA
  - File claims with appropriate agency legal office
  - No payment received from MCRA claims
  - Periodically contact agency so closed cases can be retired

Workers Compensation, Occupational Health & Civilians

- Workers compensation is the same as eligible beneficiaries except TPC billing is suspended
- Occupational Health and Civilians are not part of MCRA and handled through collections office